BRIGG URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

- 1968 -



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MENTEAL OFFICER OF BEALTH

- 8361 -

MEMBERS OF THE PUBLIC HEALTH COMMITTEE

Chairman - Councillor H. Welbourn

Councillors - F. G. Atton

Councillors - G. H. Mumby

E. V. Gray

B. M. Robins

T. Morgan

I. P. Strudwick

K. M. Pearce

E. Taylor

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MEDICAL OFFICER OF HEALTH

J. S. Robertson, M.B., Ch.B., M.R.C.S., D.P.H., D.I.H.

Office: 50, Holydyke, Barton-on-Humber. Tel: Barton-on-Humber 3154

Clerks: Mrs. M. H. Akester, Mrs. V. A. Foster (left September 1968) Mrs. M. M. Rousell (appointed October 1968)

PUBLIC HEALTH INSPECTOR

G. F. Hawkins, Cert. F.H.I.B., C.R.S.H. (Meat), M.A.P.H.I.

Office: Town Hall, Brigg

Tel: Brigg 2257

Clerk: Miss D. M. Clarke

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Officer Town Hall, Brigg

Tel: Brick 2257

50, Holydyke,

Barton-on-Humber.

October, 1969.

Mr. Chairman, Miss Selby, Gentlemen,

The Registrar General's estimate of 5,120 for the mid-year population of Brigg for 1968 is the same as that given for 1967. Deaths during the year exceeded births by a margin of 16, but as the town's excess of deaths is due to the presence of a large old person's hostel and of a geriatric hospital, and vacancies created by deaths in those institutions are filled immediately from waiting lists of people mainly resident outside the town, this does not indicate a falling population.

The birth rate has remained close to the 1967 figure, and the corrected rate is close to that for England and Wales. The only unsatisfactory figures in the vital statistics are the infant mortality rates. Four infants died in 1963, as compared with none in 1967. Such variations, however, can occur by chance in small populations and do not necessarily reflect inadequacies in service or adverse environmental factors. The causes of death were given as prematurity (2), hyaline membrane disease (1) and tracheo-bronchitis (1).

Of the remaining 90 deaths 23 were people below the age of 64. The commonest single cause of death was Ischaemic Heart Disease, which accounted for 23 lives; Cerebral Thrombosis accounted for a further 17, and between them the cardiovascular group of diseases killed 58 people. All the cancers together caused 11 deaths. Two-thirds of the deaths at ages between 25 and 64 were due to cardiovascular causes. Both of the sixteen year olds who died did so as a result of accidents.

There are many theories to account for the high proportion of deaths from arterial disease in western countries, and it is probable that a great many factors contribute. The disease starts insidiously quite early in life, and early changes can be found even in late adolescence. There is some evidence to suggest that people who have been breast fed for the first two months after birth have healthier arteries in later life than have people who were bottle fed as babies. Dietary factors later in life are believed to play a part, but

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there is some dispute as to whether it is the high proportion of "saturated" animal fat or the amount of sugar in the diet which is the harmful agent. Exercise and body build are related to death rates from this cause, as is the smoking of cigarettes. It is not clear whether these factors affect the disease process itself or like the hardness of the drinking water merely determine whether or not a given degree of artery narrowing will kill you! The man who takes regular exercise and keeps his weight down will develop his heart muscle and coronary circulation so that he has a reserve capacity for work and can withstand a considerable narrowing without ill effect, but the man who overests, sits down all day and smokes heavily may have little ability to increase the blood flow to his heart muscle above his resting requirements and a slight extra narrowing will cause a heart attack and may kill him.

The most inexplicable influence, but one of the strongest ones, appears to be the hardness of the drinking water in the area where you live. This does not in any way affect the disease of the arteries, but it is closely related to the death rate, and in particular to the incidence of sudden death. We don't know how this comes about, but it has been noted in many different countries that age speficic death rates are higher in soft water areas than in hard water areas. In our own area death rates rose rapidly following the introduction of water softening in 1958. We may expect a reversal of this trend in 1970 or 1971 following the decision of the North Lindsey Water Board to modify the degree of softening.

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It seems clear from the recent spate of reports on the reform of social and of health services and on the future of local government that in the future our services may be administered by much larger authorities. In consequence there is a danger that too much power may pass to senior local government officers and there will be less democratic control by elected representatives. While it is right that decisions requiring expertise should be made by experts, many decisions must be taken which might be better determined by a "jury" of laymen with expert advice.

It is alleged that larger units will be more efficient and will result in "economies of scale". This is not necessarily true, however. The larger

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unit made by amalgamating small ones may merely superimpose a pyramid of highly paid senior officers over the existing staff who actually do the work. These, by interfering with the freedom of the latter to make decisions may reduce efficiency, impair job satisfaction and cause needless delay and paper work.

Such amalgamations may cause "hidden" increases in cost due to postage and telephones, in addition to the extra salaries which can more than offset the economies achieved by bulk purchasing and centralised accounting.

care must be taken to ensure that pressure from new disciplines like administration and social science does not result in improvement in the career opportunities of their adherents being made at the expense of the public interest. Because these disciplines are relatively new some of their theories are not yet adequately tested. Consequently there is a risk that their devotees may draw wrong conclusions based on currently accepted theory and their failure to understand the limitations of existing knowledge. There is a strong case for retention of local democratic control as near to "grass roots" as is compatable with the need for full-time professional staff of high calibre.

Of course democracy is inefficient. One man can make up his mind more quickly than can a committee, but in situations where it is important to reach the right decision thorough discussion may be more important than speed. Occasionally where emotion rather than reason determines the result, or when a "pressure group" exerts unfair influence a lay committee will make the wrong decision.

Nevertheless this may be better than the faults which can result from bureaucracy.

Although the authors of both of the major reports which were published in 1968, the Seebohm report and the Green Paper on the National Health Services, were clearly visualising undesirably large administrative units they both contained in addition a great deal which was good. The subsequent withdrawal of the Green Paper with the promise of a successor favouring smaller administrative units provides real hope that we may after all obtain the benefits of integration without paying too high a price in remoteness of democratic control.

Of the advantages of integration of services at a local level there can be no doubt. It is partly their remoteness and lack of accountability to an electorate and partly the fact that they are only responsible for one part of the service which causes Regional Hospital Boards to make decisions unacceptable to the local populace.

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to the local populace.

The current bone of contention between the Hospital Board and the people of Brigg and district regarding the future of the Glanford Hospital illustrates this. The Regional Board very properly contend that the maternity unit at Brigg does not provide the standards of equipment and staffing necessary to deal with the sort of high risk midwifery which is referred to a consultant unit. They wish to close it, and convert the beds to geriatric use. The people of Brigg on the other hand wish to retain the unit.

What matters to society in the end is the reduction of maternal and perinatal mortality, and of morbidity among live born babies. The adequacy of the consultant services constitutes only one of the factors contributing to this result.

Although in this country we have for many years looked towards increasing the proportion of confinements conducted in consultant hospital beds as the answer to the problems of maternal and perinatal mortality there is growing evidence that other approaches may be more rewarding. In the days when bony deformity of the woman's pelvis due to rickets or osteomalacia was common the increase in consultant hospital confinements was undoubtedly the right solution. To-day the major factor leading to perinatal mortality is low birth weight. Recent evidence from Leiden in Holland suggests that a major determinant of unexplained "prematurity (a baby of less than $5\frac{1}{2}$ lbs. birth weight being defined as premature by international agreement) is the state of the mother's iron reserves in early pregnancy. Among a group of iron deficient women fourteen out of every hundred babies were of low birth weight, but only three of these could be explained by obstetric factors, while only four out of every hundred babies born to women who were not iron deficient were of low birth weight, three of these being explained by obstetric factors. Thus, even in Holland, a country which has a markedly lower perinatal mortality rate than England despite the fact that more than two-thirds of confinements occur at home and less than 30 per cent in hospital, it is likely that mortality could be reduced even lower by detecting and correcting iron deficiency very early in pregnancy.

The high social class gradient, the gradient with parity (i.e. number of previous children) and relationship to maternal stature of perinatal mortality in England supports the hypothesis that iron and/or other nutritional deficiency may be a more important factor in England than in Holland. Early prenatal care,

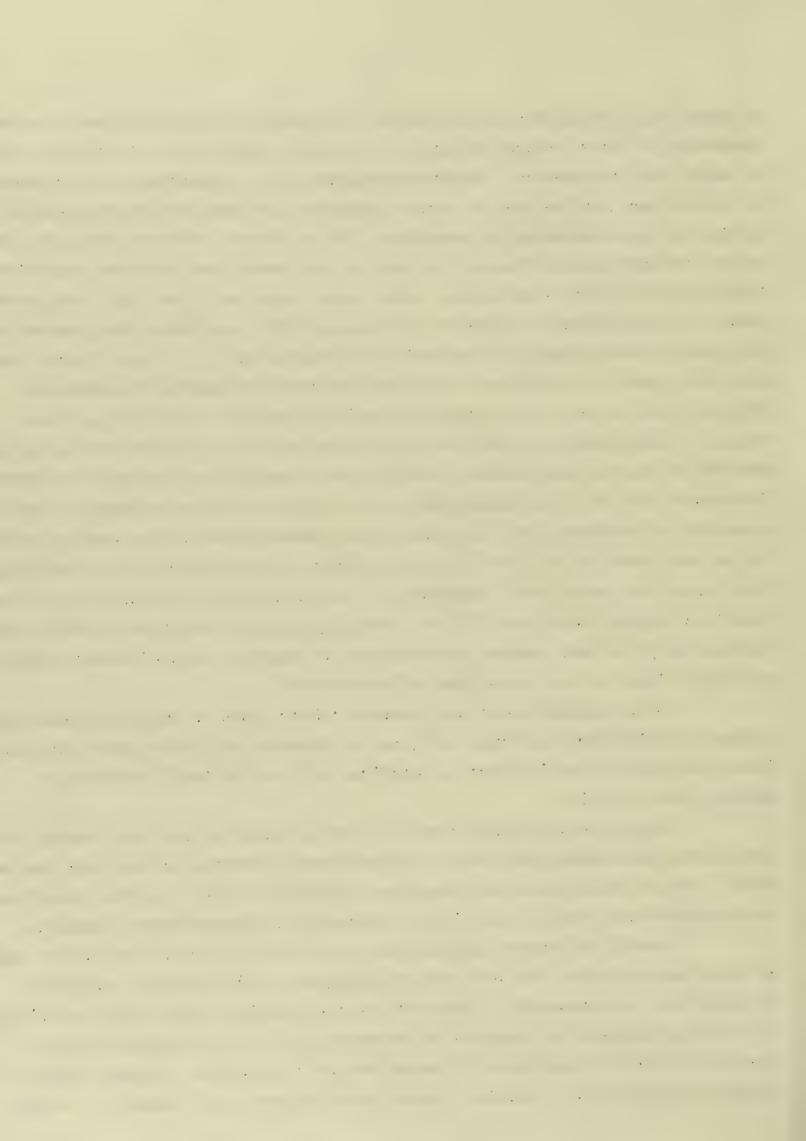


including the testing for and correction of depleted iron reserves would reduce "prematurity" and so reduce the need for special hospital care to enable a damaged or weakly baby to survive. Hospital confinement in a consultant unit followed by special care for the baby is a more expensive and less satisfactory way of seeking an equal reduction in mortality. It is clearly better to make sure that babies are born healthy than to let them be born weakly and then use expensive forms of care to keep them alive. Area Boards might well feel that their service should be reorientated to increase the responsibility and hence the interest of the general practitioner for obstetric and prenatal care. It would follow that with the growth of population to the east the need for general practitioner hospital beds to serve this population would be realised and the Brigg beds would be redesignated for such use. As in the new unit at Oxford they could be staffed by general practitioners aided by the attached local authority midwives. This would have the added advantages of (1) ensuring that an outbreak of gastroenteritis at Scunthorpe need not close every obstetric bed in the area as would be the case when the proposed new unit is built at Scunthorpe, (2) of enabling those G.Ps. too remote from Scunthorpe to use the hospital beds there to do some work in a hospital unit, and (3) by allowing grouping of patients increase the "productivity" of both general practitioner and midwife, both of whom commonly spend more time in their cars than by the bedside!

As the proportion of confinements taking place in hospitals rises the number of domiciliary ones must fall, and a situation will arise where the case loads for general practitioners and midwives will be too small for them to maintain their skills.

Only by ensuring that there is a small maternity unit near enough to each doctor and midwife for them to conduct some deliveries in hospitals can we avoid a future transitional but dangerous situation in which the few domiciliary confinements which still occur will be conducted by inexperienced attendants.

There is of course another side to the story. Facilities for the care of the elderly chronic sick are grossly inadequate, and additional geriatric hospital beds are essential. They must, however, be beds that people are willing to enter and adequate in number - 90 rather than 9! If the maternity unit is closed the Glanford Hospital will become entirely geriatric. Already there is prejudice against it. A hospital which people seldom leave except in a coffin



is not attractive to patients or to staff. If we are to treat our elderly in the manner which they deserve we must stop isolating them in such units. Old people should be offered as high a standard of nursing and medical care as younger people and this can best be assured by looking after them in the hopeful atmosphere of a general hospital. That isolation from the main stream of medicine in single purpose hospitals with their atmosphere of hopelessness and resignation is dangerous, has been illustrated by recent disclosures about both subnormal and geriatric hospitals in other parts of the country. If, due to the urgency of the demand for additional geriatric beds, the use of the maternity beds at the Glanford Hospital must be changed, we should be entitled to ask that this be only a temporary expedient.

A major failing of both central and local government, which the division of responsibility between separate departments, authorities or agercies tends to promote, is a kind of financial myopia. Thus few if any of us have any real understanding of the cost-effectiveness of the services we provide or the proposals we make for future services. Many of the social, health and welfare services appear to the authority providing them to give little demonstrable return for the money expended, and in consequence we tend to be too cheeseparing in some of our provisions. Indeed in the case of some valuable services confused thinking of this kind seems likely to lead to the discontinuation of services which could still make a most valuable contribution to our society. In the case of nursery schools and of day nurseries this has already occurred in many areas.

estimated are easy to find. Unrestricted services for family planning provided within easy reach of everyone could greatly reduce the incidence of unwanted pregnancy, of consequent marital tensions and disputes, of financial problems and of cruelty to children. The ultimate benefit to the public purse and to the public health of the eradication of unwanted pregnancy would be immense, but most of the savings relate to other departments or agencies than the health department which would incur the expense. Residential rehabilitation and training of wives who have failed to maintain satisfactory home standards is extremely expensive, and gives no immediate return in most instances. Where an immediate saving results it is in preventing children being taken into local authority care, and is impossible to make measurements of the benefit since one

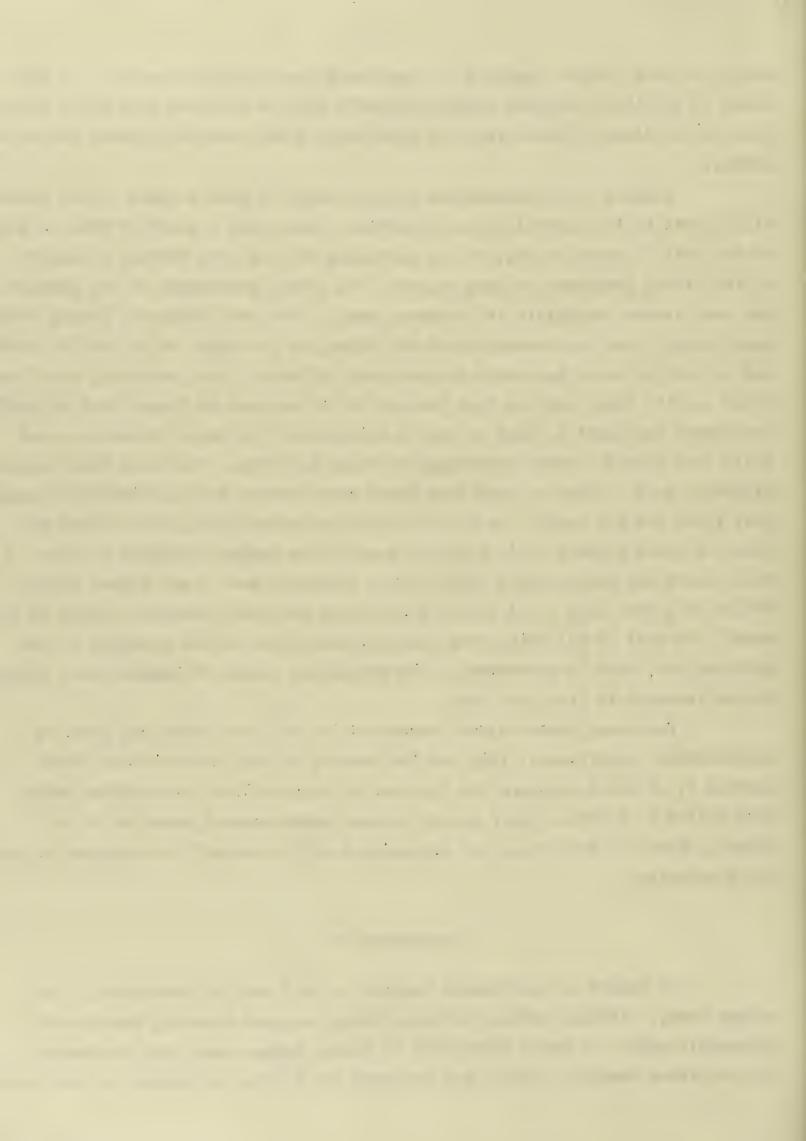


cannot be sure whether committal to care would have become necessary. In most cases it is likely that the ultimate benefit will be greatest many years later when the children of these families have married and look after their own off-spring.

Perhaps the environmental service which is most impeded by our shortsightedness is the control of air pollution. Naturally I think of this in terms of the cost in human health, of the man-hours of work lost through bronchitis and of the rising incidence of lung cancer. The actual proportion of the population who have severe bronchitis is, however, small. The real financial saving which would result from implementation of the Clean Air Act would be in cost of washing and be felt by every housewife in the area! If every local authority would really press on with this work, so that the air of Britain was no longer just diluted coal smoke one might be able to wear a white shirt for two or three days and still look clean! To-day everything we touch is dirty. Our wives have proportionately more clothes to wash than their counterparts in countries where open coal fires are not used. The air is dirty, and every brick, stone, tree or blade of grass exposed to it picks up some of the carbon particles and tar. A white shirt may need washing after only a few hours wear - and indeed may be soiled by a smut when still on the line drying and need rewashing before it is worn! The cost of all this extra washing, whose need is due entirely to our polluted air, must be phenomenal. Why should the people of England have to go to the sea-side to find pure air?

One event passed almost unnoticed in 1968, but which may prove of considerable significance, this was the passing of the Clean Air Act, 1968, Section 8, of which empowers the Minister to require local authorities which have failed to exercise their powers to make smoke control areas to do so. Clearly, even the most reluctant authorities will eventually be required to ban smoke emission.

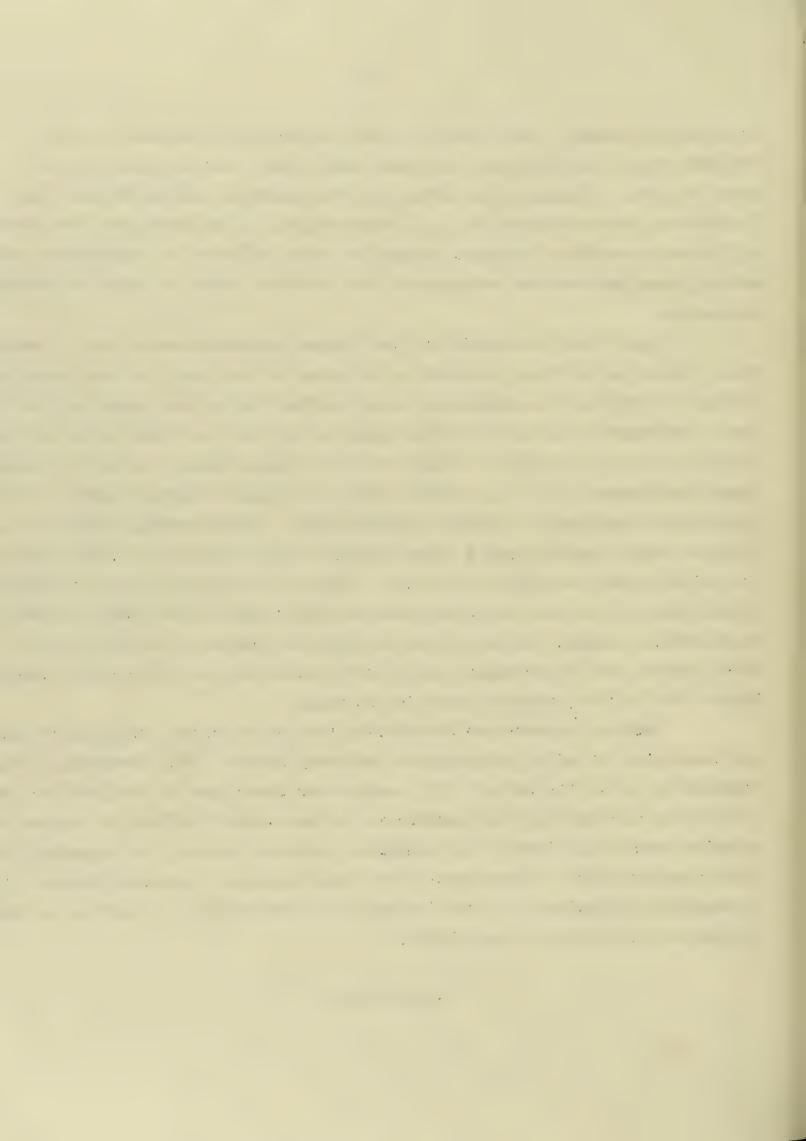
In regard to environment control in 1968 was not remarkable. The sewage works, although working at above their designed capacity, functioned reasonably well, but large quantities of dilute sewage were also discharged via the storm overflow system, and the need for further extensions to the works



is already apparent. Had it not been for the unforseen increase in trade effluent from a local factory the works should have been adequate for the next 20 years. Clearly, it is wrong that the domestic rate payer should be involved in further expense so soon after building a new works, and the Council will have to consider levying a charge for trade effluent to transfer the cost arising from proposed new extension to the industry which has made the extension necessary.

Apart from the scandal of the illegal continued use of No. 7, Market Place, which was so fully reported in the press at the time, the most notable feature of 1968 was the excessively rainy weather during the second half of the year. Fortunately the sewers proved equal to the task and those parts of the town which drain to sewers were kept free of standing water, but in two areas where the gardens are low lying the lower parts became temporary lakes - to the considerable annoyance of affected householders. Understandably parents of small children become anxious when a three foot deep lake with steep slippery mud at the sides appears near their back door. Hollows in flat low lying land which become ponds on the rare occasions when the water table rises unduly present a considerable problem, but apart from the physical danger to children against which fencing may be necessary they do not present any more of a public health hazard than do the permanent ponds in the area.

Further progress was made during the year with the rehousing of tenants and demolition of unfit prefabricated temporary houses. Only forty-six of these remained in use at the end of 1968, twenty-four fewer than in the previous year. A start was also made on the construction of new council offices to replace the existing Town Hall. There is no immediate prospect, however, of upgrading the unsatisfactory public conveniences, whose maintainance is severely impeded by irresponsible behaviour of a small minority of the public. A solution to this problem must not be too long delayed.



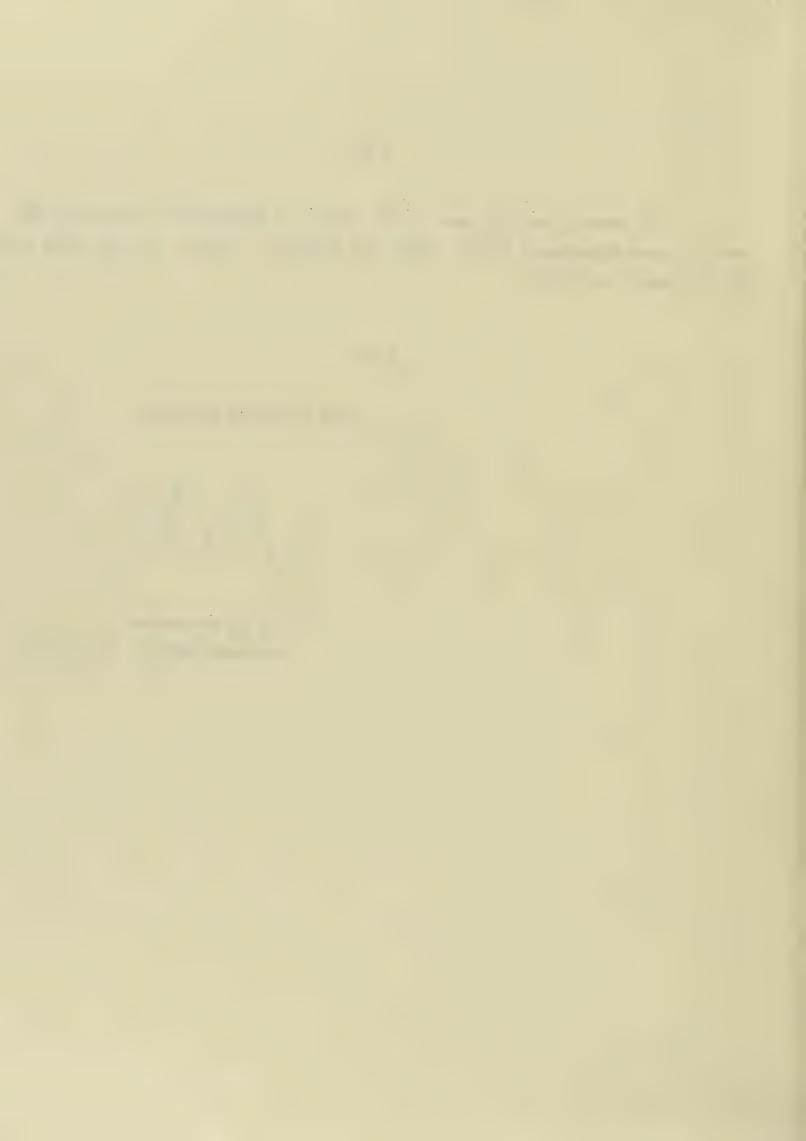
I commend to your notice the tabulated information regarding the work of your department during 1968, and thank Mr. Hawkins for the work which he did during the year.

I am,

Your obedient servant,

J. S. Robertson

Medical Officer of Health.



VITAL STATISTICS

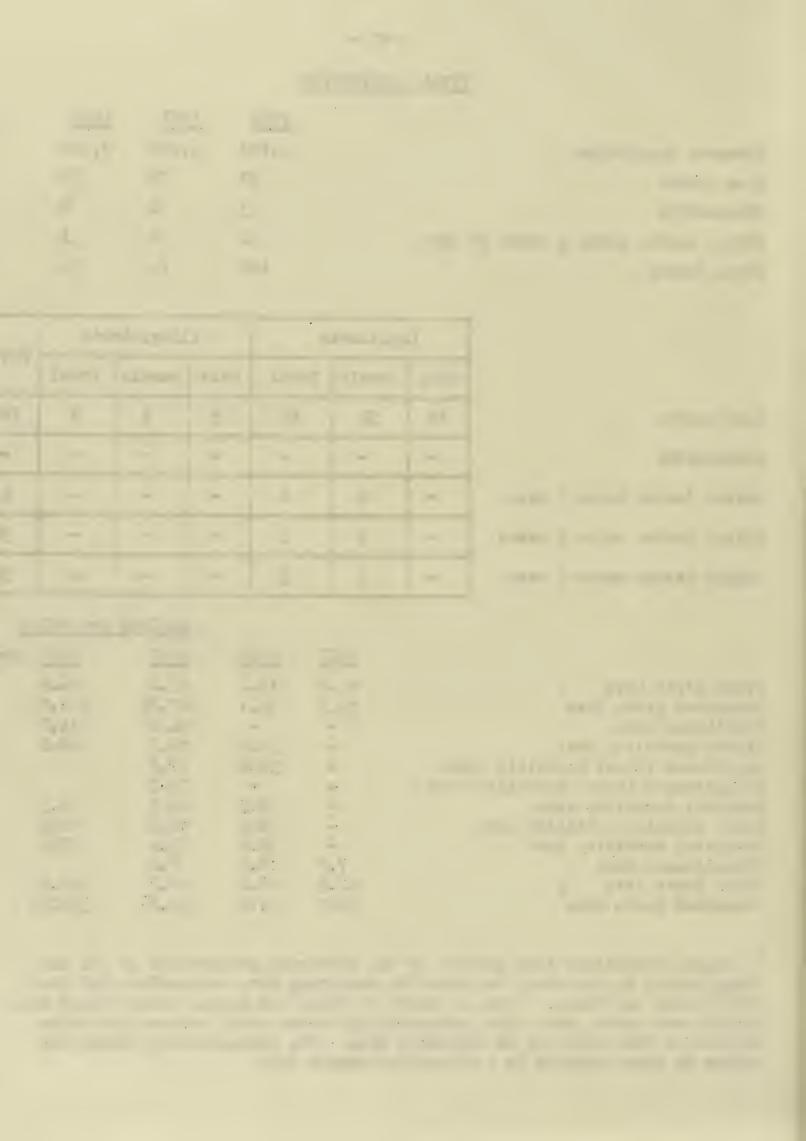
	1966	1967	1968
Mid-year population	5,110	5,120	5,120
Live births	92	76	78
Stillbirths	3	0	0
Infant deaths under 4 weeks of age	4	0	3
Total deaths	109	74	94

Live births
Stillbirths
Infant deaths under 1 year
Infant deaths under 4 weeks
Infant deaths under 1 week

L	egitimat	е	I	Tot.		
Male	Female	Total	Male	Female	Total	100.
35	34	69	5	4	9	78
-	-	-	-		-	
-	4	4	-	-	-	4
-	3	3		-	-	3
-	3	3	-	-	_	3

			England	and Wales
	1967	1968	1967	1968 (prov.)
Crude Birth Rate	14.8	15.2	17.2	16.9
Corrected Birth Rate	15.7	16.1	(17.2)	(16.9)
Stillbirth Rate	•	•••	14.8	14.0
Infant Mortality Rate	***	51.0	18.3	18.0
Legitimate Infant Mortality Rate	-	58.0	17.9	
Illegitimate Infant Mortality Rate	-	966	23.7	
Neonatal Mortality Rate	-	38.5	12.5	12.3
Early Neonatal Mortality Rate	-	38.5	10.8	10.5
Perinatal Mortality Rate	~	38.0	25.4	25.0
Illegitimacy Rate	7.9	11.5	8.4	
Crude Death Rate	14.5	18.4	11.2	11.9
Corrected Death Rate	10.9	11.8	(11.2)	(11.9)

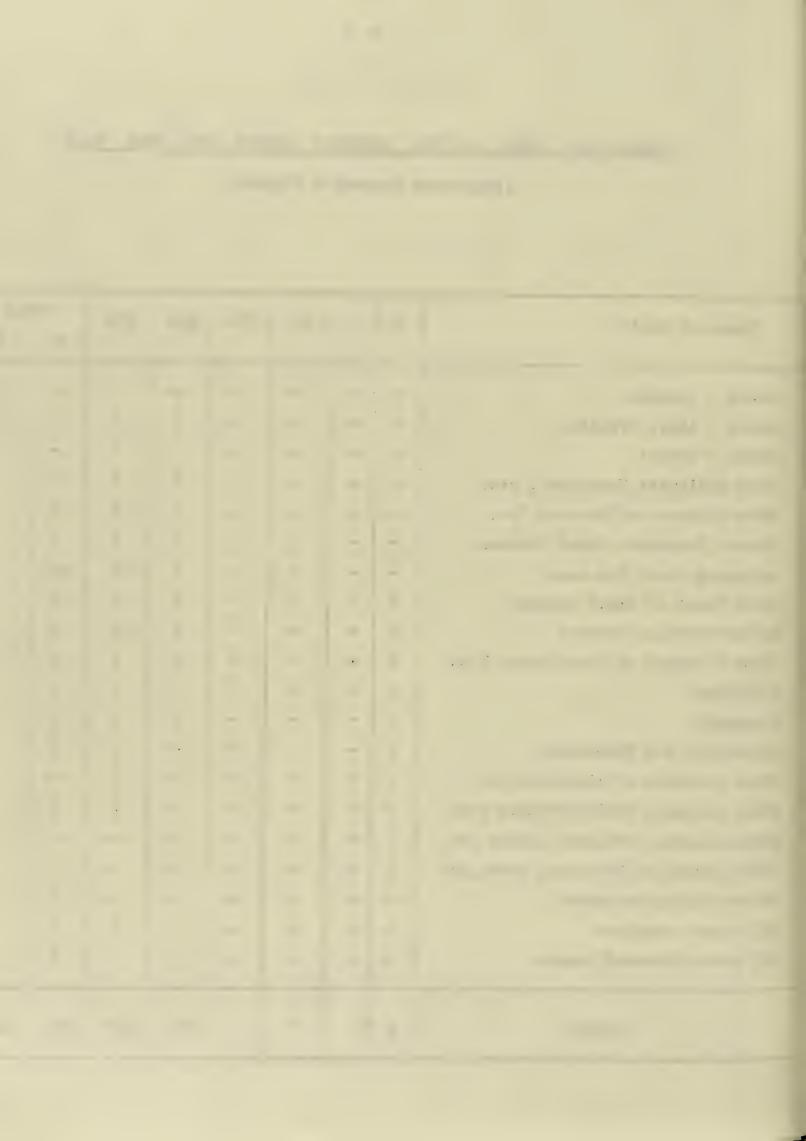
These corrections take account of the different proportions of old and young people in the area, and make the resulting rate comparable with that for England and Wales. Thus, a resort to which old people retire would have a high crude rate, but a low comparability factor would correct the false impression that this was an unhealthy area. The comparability factor for births in this district is 1.06 and for deaths 0.64.



CAUSES OF DEATH IN THE DISTRICT DURING THE YEAR 1968

(Registrar General's Figures)

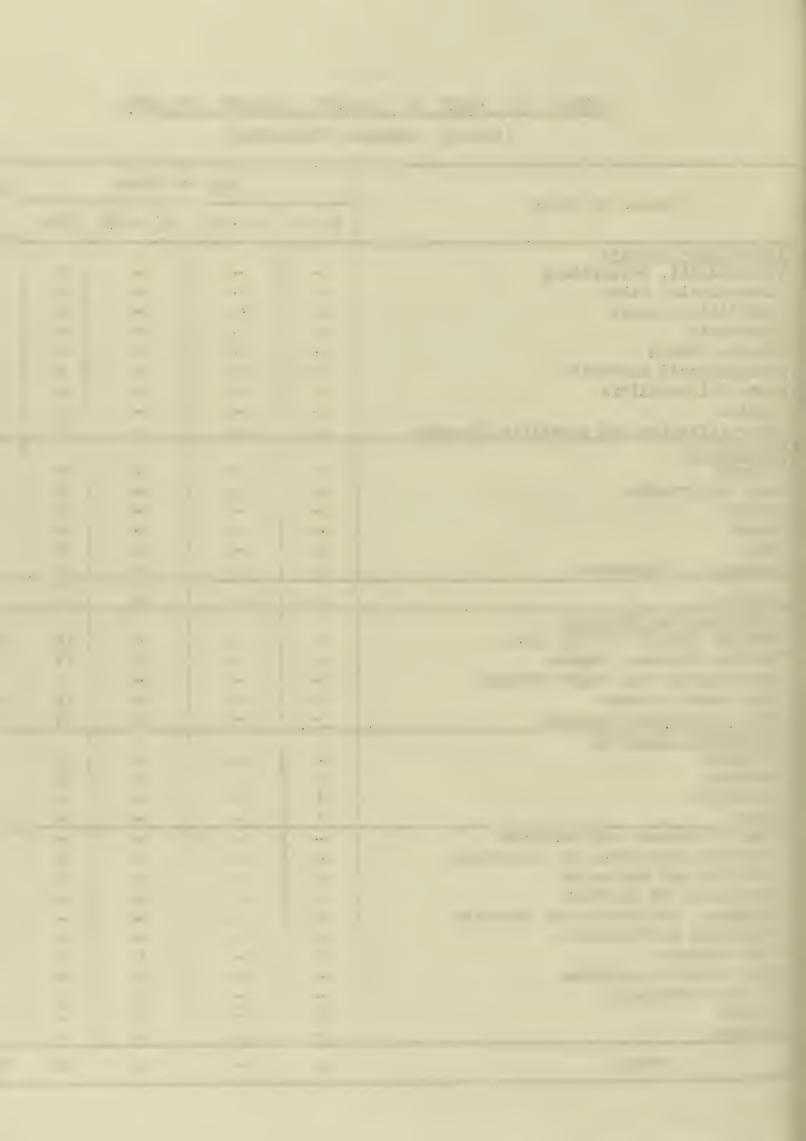
Cause of Death	0-	1-	15-	25-	45 -	65+	To M.	tal F.
Cancer - Stomach	-	-	General	1	-	1	-	2
Cancer - Lung, Bronchus	-	-	-	-	1	1	1	1
Cancer - Breast	-		-	-	-	2	-	2
Other Malignant Neoplasms, etc.	-	-	-	-	2	3	4	1
Other Diseases of Nervous Sys.	-	-	-	-	1	2	2	1
Chronic Rheumatic Heart Disease	-	-	_		-	1	1	-
Ischaemic Heart Dis ease	-	-	-	-	6	17	14	9
Other forms of Heart Disease	-	-	-	-	1	11	6	6
Cerebrovascular Disease	-	-	-	-	4	13	9	8
Other Diseases of Circulatory Sys.	-		-	-	2	3	4	1
Influenza	-	-	-	-	-	3	1	2
Pneumonia	-	-	-	-	1	3	2	2
Bronchitis and Emphysema	1	-	_	-	-	3	2	2
Other Diseases of Digestive Sys.	_	-	-		-	2	-	2
Other Diseases Genito-Urinary Sys.	-	-	-	-	~	1	1	-
Birth Injury, Difficult labour etc.	1	_		-		-	-	1
Other Causes of Perinatal Mortality	2	_	-	650		-	_	2
Motor Vehicle Accidents	-	-	1	-	en	-	1	
All Other Accidents	-	-	1	-	1	1	2	1
All Other External Causes	-	-	-		1	-	1	-
Total:	4	-	2	1	20	67	51	43



CAUSES OF DEATH AT VARIOUS PERIODS OF LIFE

(Locally compiled statistics)

			Total		
Causes of Death	0 - 1	1 - 14	15 - 49	50+	10 oaa
Infectious Diseases Tuberculosis, respiratory Tuberculosis, other Syphilitic disease Diphtheria Whooping Cough Meningococcal infection Acute Poliomyelitis Measles Other infective and parasitic diseases The Cancers Stomach Lung and Bronchus Breast		-	1	1 1 2 2	1111111 222
Uterus Other Leukaemia, Aleukaemia		-	-	5	5 -
Cardiovascular Diseases Vascular lesions of the C.N.S. Coronary disease, angina Hypertension with heart disease Other heart disease Other circulatory disease	675 CM- 645	-	- 1 -	15 17 1 15	15 18 1 1 15
Respiratory Diseases Influenza Pneumonia Bronchitis Other	1	600 600	-	3 4 4	3 4 5
Ulcer of stomach and duodenum Gastritis, enteritis and diarrhoea Nephritis and Nephrosis Hyperplasia of prostate Pregnancy, childbirth and abortion Congenital malformation Other diseases Motor vehicle accidents All other accidents Suicide Homicide	2		1 1 2 -	2 1 - 2 - 1	2 1 - 5 1 3
Total:	4	-	6	81	91



NOTIFICATION OF INFECTIOUS AND OTHER DISEASES BY AGE GROUPS

Disease	0+	1+	2+	3+	4+	5+	10+	15+	25+	45+	N.K.	Total
Measles	-	9	19	16	22	44	2	-	6 60	-	5	117
Whooping Cough	-	1	3	2	1	1	-	-	-		-	8
Tuberculosis (Respiratory)	-		_		-	-	-	-	1	-	-	1,
Scarlet Fever	-	1		-	-	-	-	-	-	1	-	2
Total:	-	11	22	18	23	45	2	-	1	1	5	128

During the quarters ending 31.3.68, 30.6.68 and 30.9.68 there were no cases of the following diseases notified:-

Dysentery; Meningococcal Infection; Acute Poliomyelitis; Diphtheria; Acute Pneumonia; Acute Encephalitis; Typhoid Fever; Paratyphoid Fever; Erysipelas; Food Poisoning; Smallpox; Non-Pulmonary Tuberculosis; Puerperal Pyrexia; Ophthalmia Neonatorum; Anthrax; Infective Jaundice; Leptospirosis.

On the 1st October, 1968 a revised list of notifiable diseases came into operation and during the quarter ending 31.12.68 there were no cases of the following diseases notified:-

Measles; Dysentery; Scarlet Fever; Diphtheria; Acute Meningitis; Acute Poliomyeliti Smallpox; Ophthalmia Neonatorum; Anthrax; Yellow Fever; Acute Encephalitis; Leptospirosis; Paratyphoid Fever; Typhoid Fever; Food Poisoning; Whooping Cough; Tetanus; Infective Jaundice; Tuberculosis.



PUBLIC WATER SUPPLY

Water is supplied to the town by the North Lindsey Water Board. The water comes from deep bores in the chalk at Barrow-on-Humber.

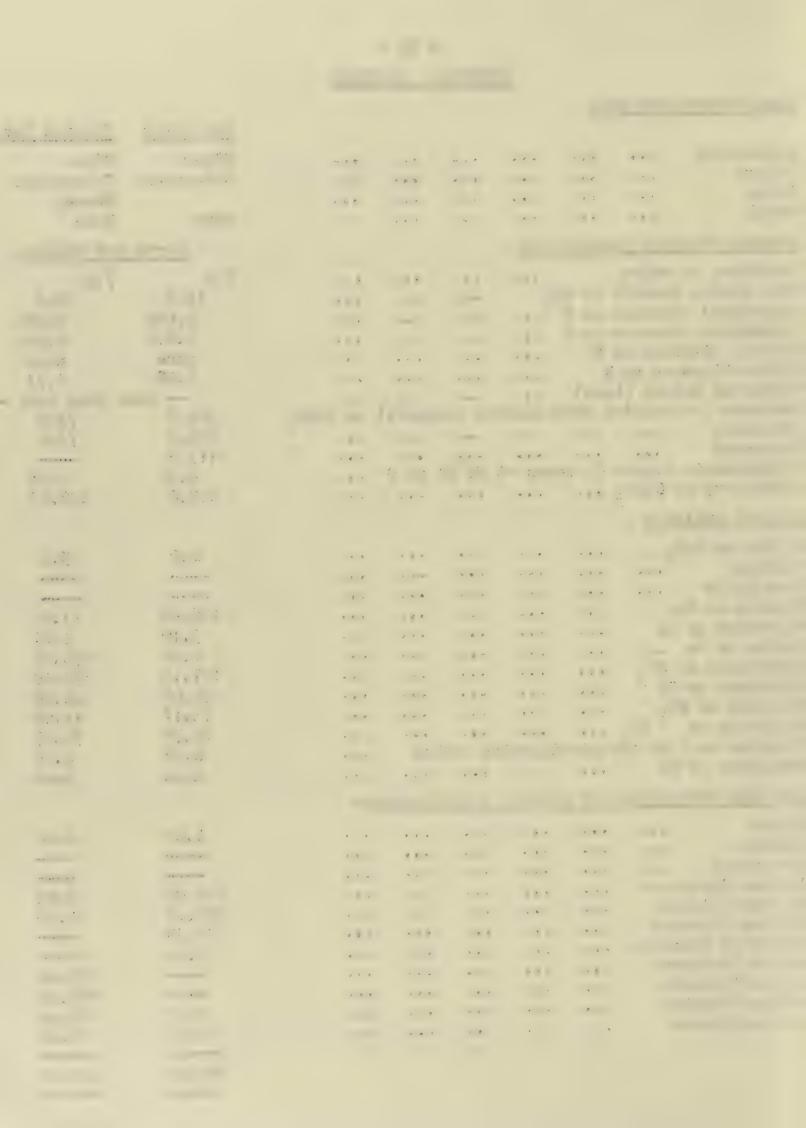
The following table gives details of bacteriological examination of water samples taken during the year.

Presumptive Coli Count	"Raw" Water	Chlorinated Water
Less than 1 per 100 ml.	86	33
1 to 2 per 100 ml.	12	0
3 to 10 per 100 ml.	3	o
More than 10 per 100 ml. or E coli type 1 present	27	O
Total:	128	33



CHEMICAL ANALYSES

Barrow-on-Humber Bo	ore					
					Raw Water	Treated Water
Appearance	•••			•••	Clear	Clear
Colour	•••	• • •	•••	•••	Colourless	Colourless
Taste	•••	• • •	• • •	•••		Normal
Smell	•••	• • •	• • •	• • •	None	None
General Chemical Ex	xamination				Parts	per Million
Reaction, pH value					7.5	7.5
Free Carbon Dioxide	0.0 0.0	• • •	•••	•••	10.0	10.0
Ammoniacal Nitroger		•••	•••	• • •	0.016	0.016
Albuminoid Nitroger		• • •	• • •	• • •	0.016	0.016
Nitrous Nitrogen as		• • •	• • •	• • •	none	none
Nitric Nitrogen as			• • •	• • •	2.98	2.73
Poisonous Metals (I		• • •	•••	• • •		s than 0.04
Hardness (Calculate		nal Ana	lugial	as CaCO _z	329 • 7	73.9
Temporary		ial Alla.			212.0	73.9
Permanent	•••	• • •	•••	•••	117.7	1307
Permanganate Figure	e () hours a	t 80°F)	as 0	• • •	0.32	0.48
Alkalinity as CaCO,	the mouth a	•		• • •	212.0	222.13
	3 •••	• • •	• • •	• • •	212.00	222.17
Mineral Analysis						,
Silica as SiO2	•••	• • •	• • •	• • •	4.0	5.0
Alumina	• • • • • •		• • •		000 000 000 00h	the are during
Iron Oxide	•••	• • •		• • •		
Calcium as Ca	•••	•••	•••	• • •	126.90	27.60
Magnesium as Mg	• • • • • •	• • •	***		3.10	1.21
Sodium as Na	•••	• • •	• • •	• • •	8.34	135.12
Carbonates as COz	***	• • •		• • •	127.13	133.19
Chlorides as Cl	• • • • • •				35.00	40.00
Nitrates as NO	• • • • • •	•••		• • •	13.17	12.08
Sulphates as SO,	• • • • • •			• • •	72.75	76.37
Fluorine as F by th	te distillati	ion meth	nod	•••	0.18	0.15
Manganese as Mn	•••	• • •	• • •	•••	none	mone
Probable composition	on of Minera	l consti	tuent	s:-		
Silica				•••	4.00	4.00
Alumina	•••	•••	• • • •	•••	4.00	4.00
Iron Oxide	•••	•••		•••	-	
Calcium Carbonate		•••		•••	212.02	68.93
Calcium Sulphate	•••	• • • •	• • •	• • •	103.10	4.20
Calcium Chloride					32.30	4.20
Magnesium Chloride	•••	• • •	• • •	•••	12.14	
Sodium Carbonate	•••	• • •	• • •	• • •	12014	157.00
Sodium Sulphate	•••	• • • •	•••	•••	-	112.94
Sodium Chloride	•••	•••	• • • •	•••	8.77	65.94
Sodium Nitrate	•••	• • •			18.06	16.56
			• • •	•••		10.90
					390.39	430.57
					-	-



FOOD AND DRUGS ACT, 1955

Analysis of Samples	No. of Samples
Edible Fats and Oils	1
Bottled, Tinned, Dried Products	15
Meat and Fish Products	L ₊
Sugar, Flour, Confectionery	2
Medicines and Drugs	1
Miscellaneous	3
	26
	Control 10.

Unsatisfactory Samples

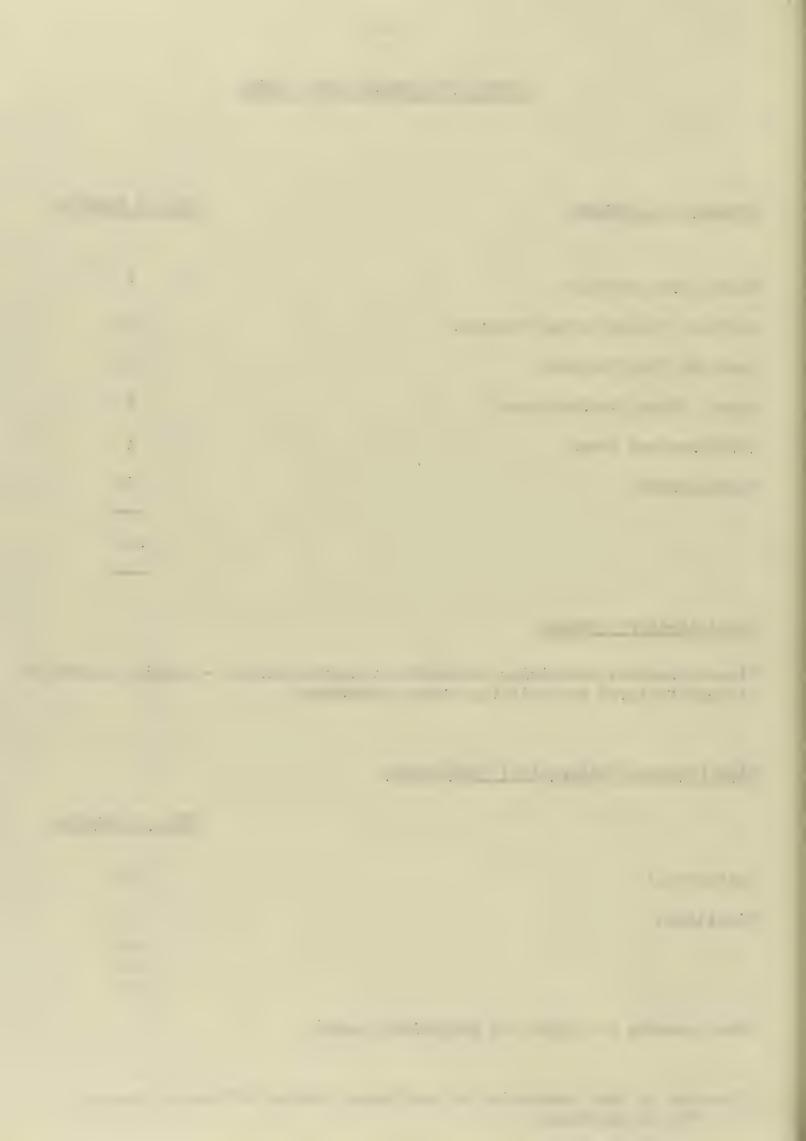
Tinned Cherries containing prohibited colouring matter - warning issued to the manufacturer and existing stocks withdrawn.

Milk (Special Designation) Regulations

No. of Samples
8
2
10

These samples satisfied the prescribed tests.

(Included by kind permission of the County Medical Officer of Health, Dr. C. D. Cormac)



ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR

HOUSING

Total number of dwellinghouses and flats in the district	1501
Total number of houses erected during the year:	
By the local authority	8
By other local authorities	Nil
By other bodies or persons	19
Housing Repairs and Rents Acts 1954 - 1957:	
Number of certificates of disrepair issued	Nil
Inspection of houses during the year:	
Total number of dwellinghouses inspected for housing defects	
(under the Public Health or Housing Acts)	34
Number of inspections made for the purpose	170
Remedy of defects during the year without service of formal notices:	
Number of defective dwellinghouses rendered fit in	_
consequence of informal action by the local authority	5
Action under statutory powers during the year:	
Proceedings under the Public Health Acts:-	
Number of dwellinghouses in respect of which notices were	
served requiring defects to be remedied	Nil
Proceedings under the Housing Acts:-	
Number of dwellinghouses in respect of which notices were	
served requiring repairs	Nil
Number of dwellinghouses which were rendered fit after	
service of formal notices	Nil
Number of unfit houses purchased by the local authority in	
accordance with Housing Acts	Nil
Slum Clearance - proceedings under the Housing Acts:-	
Number of dwellinghouses in respect of which Demolition	
Orders were made	1
Number of dwellinghouses demolished in pursuance of	
Demolition Orders	Nil
Number of dwellinghouses, or parts, subject to Closing Orders	Nil

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	Number of dwellinghouses, or parts, rendered fit by undertakings	Nil
	Number of dwellinghouses demolished in pursuance thereof	Nil
	Total number of dwellinghouses on which Demolition Orders are operative and which are still occupied except under the provisions of Sections 34, 35 and 46 of the Housing Act, 1957	2
	Total number of dwellinghouses occupied under Sections 34, 35 and 46 of the Housing Act, 1957	Nil
	Houses demolished or closed voluntarily by owners which would otherwise have been the subject of statutory action to secure demolition or closure	12
Nissen Hud	ts or other similar hutments:-	
nabour na	Number still occupied	Nil
Estimated	number of dwellings remaining to be dealt with:-	
	Under the Housing Act, 1957, Sections 16 and 18	11
	Under the Housing Act, 1957, Section 42	10
	Temporary dwellings owned by the local authority	46
Housing Ad	cts - Overcrowding:	
	Number of cases of overcrowding relieved during the year	2
	Number of persons concerned in such cases	23
	Number of dwellings overcrowded at the end of the year	6
	Number of families dwelling therein	6
	Number of persons dwelling therein	63
Housing Ad	cts, 1949 - 59:	
	Number of dwellings for which applications for grants	
	have been received during 1968	5
	(a) Standard Grant	4
	(b) Discretionary Grant	1
	Number of dwellings subject to grant (i.e. works completed in 1968)	5
	Number of houses owned by the local authority which have been the subject of grant aid by the Ministry during 1968	33
Moveable d	Ewellings, tents, vans, etc.:	
Caravan Si	ites and Control of Development Act. 1960.	

Number of site licences ...

	Total num	ber of carava	ans permit	ted und	der suc	h lio	ences	• • •	60
1	Number of	inspections	made duri	ng the	year -	•			
	(a) Site	s	•• •••		• • •	• • •	• • •	• • •	48
	(b) Cara	vans		• • •	•••	• • •	• • •	• • •	Nil
1	Number of	contraventi	ons remedia	ed	• • •	• • •		• • •	Nil
1	Number of	sites exemp	t from lio	ence	• • •	• • •	• • •	• • •	1
1	Number of	caravans the	ereon	•••	• • •	• • •		• • •	varies
1	Number of	holiday cha	lets	• • •	• • •	• • •	• • •	• • •	Nil
1	Number of	inspections	of exempt	sites	• • •	• • •	•••	• • •	12
Public Health	h Act. 19	36.							
		'site licenc	es	• • •	• • •	• • •			Nil
	Number of	'individual	licences	• • •		• • •	• • •	• • •	Nil
FOOD PREMIS	ES								
Bakehouses:									
		the distric		• • •	•••	• • •	• • •	• • •	3
		'inspections		•••	•••	• • •	• • •	• • •	3
		contraventi		•••	• • •	• • •	• • •	• • •	1
	Number of	defects rem	edied	• • •	• • •	• • •	• • •	• • •	1
Ice Cream:									
1	Number of	manufacture	rs on regi	ster	•••	• • •	•••	• • •	Nil
1	Number of	premises li	censed for	the sa	ale of	ice	cream	• • •	16
1	Number of	'inspections	of premise	es	• • •	• • •		• • •	14
1	Number of	contraventi	ons found	• • •	•••	•••	• • •	• • •	1
1	Number of	contraventi	ons remedi	ed	•••	• • •	• • •	• • •	1
Meat Product	s:								
	Number of	premises re	gistered for	or the	manufa	acture	e of me	at prod	lucts 8
1	Number of	inspections	made	• • •	• • •		• • •		17
1	Number of	contraventi	ons found	• • •	• • •		• • •	•••	Nil
1	Number of	contraventi	ons remedi	ed	• • •	• • •	• • •	• • •	Nil
Other Food P	remises:								
		other food	premises	• • •	• • •	• • •	• • •	• • •	.62

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Number	of	inspections made	• • •	• • •		• • •	107
Number	of	contraventions found	0	• • •	• • •	• • •	10
Number	of	contraventions remedied	• • •	• • •	• • •	• • •	10
Slaughterhouses:							
Number	lic	ensed (abbattoir type)	• • •	• • •		• • •	Nil
Number	lic	ensed (private)	• • •	•• • .	• • •	• • •	1
Number	ope	erated by the local authority	V		• • •	• • •	Nil

UNSOUND FOOD

The following table gives details of meat inspection work carried out during 1968

			,			
	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	45	-	-	3	Cue	-
Number inspected	45	-	-	3	-	-
All diseases except Tuberculosis and Cysticerci:-						
Whole carcases condemned	Nil	-	-	Nil	-	-
Came part or organ was condemned	2	•••	-	Nil	-	-
Percentage of the number inspected affected with aisease other than tuberculosis and cysticerci	4.4		-	Nil		
Carcases of which some part or organ was affected with tuberculosis or cysticerosis	Nil	-		Nil	-	-

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GENERAL

(b)

Other premises

GENERAL			
Offensive Trades:			
Number of premises in the district	• • •	• • •	3
Number of inspections made	•••	• • •	5
Number of contraventions remedied	• • •	•••	Nil
Knackers Yard:			
Number licensed	• • •	• • •	Nil
Offices, Shops and Railway Premises Act, 1963:			
Number of premises licensed	• • •	• • •	105
Number of inspections made	• • •	•••	61
Number of defects found	• • •	•••	9
Number of defects remedied	•••	•••	7
Disinfection and Disinfestation:			
Number of rooms or premises disinfected	• • •	• • •	Nil
Number of premises subject to disinfestation	•••	•••	1
Refuse Collection and Disposal:			
Number of premises from which refuse is collected	l	• • •	1729
Frequency of collection	• • •	• • •	Weekly
Type of receptacle used	• • •	• • •	Bin
Disposal is by controlled tipping by arrangement Glanford Brigg R.D.C.	with t	he	
Estimated amount of refuse disposed of during the	e year	• • •	1755 tor
Rodent Control:			
Number of rodent operatives employed	• • •	•••	1
Number of premises treated -			(part-time)
(a) Dwellinghouses	•••	• • •	48

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Details of Nuisances abated.

Nuisances	Abated after informal intimation	Abated after statutory notice
Refuse	8	-
Foul ditches, ponds and stagnant water	-	-
Drainage	10	-
Poultry and Animals	3	-
Dangerous Premises	5	~
Miscellaneous Nuisances	1	•
Total:	27	-

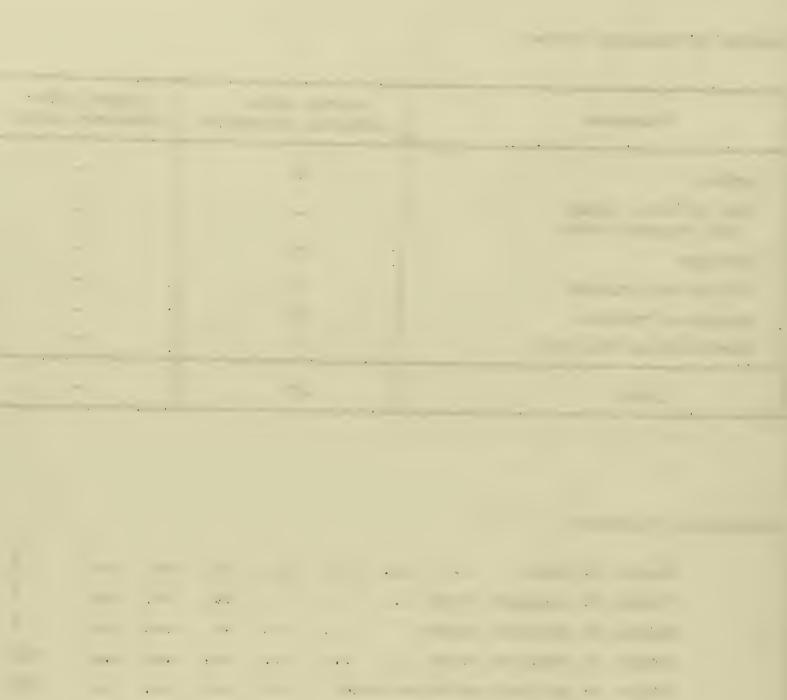
Atmospheric Pollution.

Number	of	visits	•••	•••	• • •	•••	• • •	•••	•••	5
Number	of	nuisances	found	• • •	• • •	• • •	•••	•••	• • •	2
Number	of	nuisances	abated	l	• • •	• • •	•••	•••	• • •	2
Number	of	smokeless	zones	• • •	• • •	• • •	• • •	• • •	•••	Nil
Number	of	proposed s	mokele	ss zor	nes	• • •	•••	•••	•••	Nil

Noise Abatement Act, 1960

Number of complaints	•••	• • •	• • •	•••	• • •	•••	Nil
Number of nuisances found	• • •	• • •	• • •	• • •	• • •	• • •	Nil

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FACTORIES ACT 1961

Part 1 of the Act

1. Inspection for purposes of provisions as to health.

	Number	Numb	per of	
Premises	on Register	Inspections	Written Notices	Occupiers Prosecuted
i. Factories in which Sections 1, 2, 3, 4 and 6 are enforced by local authorities	7	3	0	Nil
ii.Factories not included in (i) in which Section 7 is enforced by the local authority	62	43	2	Nil
iii Other premises in which Section 7 is enforced by the local authority (excluding outworkers)	13	8	0	Nil
Total:	82	54	2	Nil

PACTORIES ACT 1961

Part 1 of the Act

1. Inspection for purposes of provisions as to imalth-

	to re		Number	
Occupiera Prosecuted	Weiten	Inspections	on Register	
Lin	0	•	7	1. Factories in which Sections 1, 2, 3, 4 and 6 are enforced by local authorities
IM.	2	1,3	Sã	in (i) in which Suction in (i) in which Suction 7 is enforced by the local suthority
I.EVI	0	8	13	dif Other presides in which Section 7 is enforced by the local authority (ancluding outsoriers)
NET	2	54	58	fetor

2. Cases in which defects were found

		Number	No. of cases in									
Particulars		Found	Remedied	Refer to H.M. Inspector	By H.M.	which prosecu- tions instituted						
Want of Cleanliness	S.1	1	-	-	-	Nil						
Overcrowding	S.2	-	-	-	-	Nil						
Unreasonable temperature	S.3	-	-	-	-	Nil						
Inadequate ventilation	S.4	-	-	-	-	Nil						
Ineffective drain- age of floors	s.6	-	-	-	-	Nil						
Sanitary Conven-	s.7											
a) Insufficient		2	3	-	1	Nil						
b) Unsuitable or defective		2	2	-	2	Nil						
c) Not separate for sexes		-	_	_	-	Nil						
Other offences against the Act (not including outwork)		-	-	-	-	Nil						
Total:		5	5.	-	3	Nil						

Part VIII of the Act

Outworkers

No outworkers were reported in the Urban District during the year.

2. Cases in which defects were found

No. of	de cap Divot even afosteb debde al asam to redmit						
doldw prosecu- tions furtitut	By Halls	.M.H od	Lemedied				
						The second secon	
TIM	- **						
Mil		·r					
DEN	-		MX			Inadequate ventilation	
	-	-		-	3.6	Ineffective drain-	
						Sendsary Conven-	
	+					duelolYwanI (e	
EHI.			2	2		To eldstimant (&	
	**-		-			o) Not separate	
			-			Sther offeness the dat (not sales)	
CM				8		:LotoT	
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Part VIII of the Act

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